

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006053

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 252

STATE FILE NUMBER

FILED FEB 26 1963

1. PLACE OF DEATH  
a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN  
SPRINGFIELD

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE: Missouri b. COUNTY GREENEc. CITY OR TOWN  
SPRINGFIELDInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION  
1865 E. EdgewoodInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1865 E. EdgewoodReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

SUSAN

ESSIE

MILLER

4. DATE OF DEATH

Month

Day

Year

February

16

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/9/1876

9. AGE (last birthday)

86

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Home Maker10b. KIND OF BUSINESS OR INDUSTRY  
Domestic11. BIRTHPLACE (City and state or country)  
Tennessee12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Alfred Gross

13b. MOTHER'S MAIDEN NAME

Julia Wood

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes; no, or unknown) (If yes, give war or dates of service)  
No No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Velta Leeka (Daughter) Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause of death)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ASHD

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III: If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1961 to 2/16/63 and last saw her alive on 2/16/63  
Death occurred at 10:10P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1211 S. Glenstone

22c. DATE SIGNED

SPRINGFIELD

Missouri

2/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE

2/19/63

23c. NAME OF CEMETERY OR CREMATORY

Greenlawn Cemetery

23d. LOCATION (City, town, or county)

Springfield,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

KUNIGNER MORTUARY, INC. SPRINGFIELD Mo.

25. DATE RECD. BY LOCAL REG.

2-25-63

26. REGISTRAR'S SIGNATURE

Effie E. Specton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

6397

2397

3

4 1

5 2

6

7 1

8 0

94200

10

11

1290-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ogle Stone Jr.  
Licensed Embalmer No. 4176

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

print 2-18-63